



1636 Dixwell Avenue, Hamden CT 06514 203.281.5521 203.288.5222 fax [www.tommystanning.com](http://www.tommystanning.com)

**Statement of Paul Harrington  
Director of Sales, Tommy's Tanning, Inc  
Before the  
Public Health Committee  
Senate Bill 972**

***AN ACT PROTECTING MINORS FROM THE HEALTH RISKS  
ASSOCIATED WITH THE USE OF TANNING DEVICES.***

**February 23, 2011**

**Senator Stillman, Representative Ritter and members of the committee:**

My name is Paul Harrington. I am the Director of Sales for Tommy's Tanning, Connecticut's largest tanning salon chain. We currently employ nearly 100 people, have 12 locations, and have operated successfully for 26 years. I joined Tommy's Tanning 3 years ago after working in a national capacity for 8 years with California Tan, one of the largest tanning lotion manufacturers in the world.

It has been and will continue to be our goal to protect **EVERYONE**, including minors, from the risks associated with the use of tanning devices.

I would like to offer comments on Senate Bill 972,

***AN ACT PROTECTING MINORS FROM THE HEALTH RISKS  
ASSOCIATED WITH THE USE OF TANNING DEVICES.***

We respectfully submit that we have always gone beyond the current regulation. We currently require written parental consent for minors with **PARENT PRESENT**. At any time the Parent or Guardian has the right to revoke the privilege for the minor to tan.

Secondly, we currently provide written material to all of our clients, including minors and parents and/or guardians of the risks associated with indoor tanning, including the potential risk of developing skin cancer in two ways. First, is our client consent form. Secondly, there are uniform FDA approved warning labels on each piece of equipment. These FDA warning labels reflect the uniqueness of each tanning device, AND the complicated approval process between manufacturers and the FDA.

We believe the bill's requirement for written consent to the minor's use of a tanning device from a parent or guardian accompanying the minor; needs to be clarified. We also believe that the written material given to the client should follow the approved FDA regulations.

**We would respectfully urge the Public Health Committee to change the language of the bill to ensure meeting the goal of the bill without complicating everyone's lives.**

- (1) provides written material ***THAT FOLLOWS THE FDA REGULATIONS*** concerning the health risks associated with the use of tanning devices, including the risks of developing skin cancer, to both the minor and a parent or guardian accompanying the minor ***ON THEIR INITIAL VISIT***.
- (2) obtain written consent to the minor's use of the tanning device from a parent or guardian accompanying the minor ***ON THEIR INITIAL VISIT***.

Thank you for hearing my comments. Tommy's Tanning appreciates the opportunity being a part of this dialogue.

## Client Consent Form



### Client Consent Form

First Name _____	Last Name _____	First Name _____	Last Name _____
Date of Birth _____ / _____ / _____	Date of Birth _____ / _____ / _____	Address _____	Address _____
City _____	City _____	State _____	State _____
Home Phone ( ) - ( ) Cell (Other) Phone ( ) - ( ) Apt# _____	Home Phone ( ) - ( ) Cell (Other) Phone ( ) - ( ) Apt# _____	City _____	City _____
Zip _____	Zip _____	Zip _____	Zip _____
Eye Color - (circle one)	Eye Color - (circle one)	Eye Color - (circle one)	Eye Color - (circle one)
Hazel	Green	Blue	Brown
Gender - Male or Female	Gender - Male or Female	Gender - Male or Female	Gender - Male or Female
<b>Skin Type 1-Bright White</b>	<b>Skin Type 2-White</b>	<b>Skin Type 3-Fair</b>	<b>Skin Type 4-Light Brown</b>
-Burns Readily	-Burns Readily	-Burns Readily	-Burns Readily
-Tans Easily & Substantially	-Tans Easily & Substantially	-Tans Minimally	-Tans Minimally
-Does Not Tan	-Does Not Tan	-Does Not Tan	-Does Not Tan
-Blue/green eyes	-Blue/green eyes	-Dark Eyes	-Dark Eyes
-Red/blonde hair	-Red/blonde hair	-Dark Hair	-Dark Hair
Freckles	Brown eyes	Dark Eyes	Dark Eyes
Red/blonde/brown hair	Blue/green eyes	Dark Hair	Dark Hair
<b>Warning: Skin Type 1 - Not Allowed to Indoor Tan - No ability to tan outdoors or indoors</b>			
<b>Email Address</b> Receive our E-Specials - Free Tans - Discounts - Information - No Spam			
Are you pregnant? Yes or No If yes, do you have Doctors permission to tan? Yes or No Please consult Doctor before suntanning.			
Are you taking any medications? Certain medications can make you extra-sensitive to UV light and can be dangerous.			
Have you ever suntanned indoors before? Do you suntan easily?			
Have you been suntanning recently? Do you have a tendency to burn?			
I understand that when suntanning parts of my body not normally exposed to sun, those areas will be more sensitive to UV light. I will protect accordingly. Yes or No			
<b>DANGER - UV TRAVOLET RADIATION</b>			
I AGREE TO: Follow Instructions. Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer. Wear protective eyewear.			
<b>FAILURE TO WEAR PROTECTIVE EYEWEAR MAY RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES</b>			
Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult with your physician before using a suntan or suntanning equipment if you are using medications or have a history of skin problems or believe yourself to be especially sensitive to sunlight. If you do not tan in the sun, you are unlikely to tan from the use of this suntanning product.			
<b>I HAVE READ THIS WARNING AND AM USING TOMMY'S TANNING'S SERVICES AT MY OWN RISK.</b>			
Date _____	Signature _____	Date _____	Signature _____
Under 18 Years of Age: I have read the above and authorize my son/daughter to use the facilities at Tommy's Tanning.		Under 18 Years of Age: I have read the above and authorize my son/daughter to use the facilities at Tommy's Tanning.	
Date _____	Signature _____	Date _____	Signature _____
Relationship _____	Print Name _____	Relationship _____	Print Name _____
Please wait to initial until you have been instructed on Staff Initial _____ Client Initial _____ the proper use of the suntanning unit(s) of your choice.			